

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015321 (0)

1. Corporation Name
CORNERSTONE PARTNERS IV, INC.



Principal Place of Business: 1077 HIGHWAY A1A, SATELLITE BEACH FL 32937
Mailing Address: P.O. BOX 372667, SATELLITE BEACH FL

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-3225022
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 3340 Peachtree Road, Suite 1500, Atlanta, GA 30326
2a. Mailing Address: 26 3340 Peachtree Road, Suite 1500, Atlanta, GA 30326
22. City & State: Atlanta, GA
23. City & State: Atlanta, GA
24. Zip: 30326, Country: Fu How
25. Zip: Fu How, Country: Fu How
27. City & State: Atlanta, GA
28. City & State: Atlanta, GA
29. Zip: 30326, Country: Fu How
30. Zip: Fu How, Country: Fu How

9. Name and Address of Current Registered Agent
DEHARDER, ROBERT
1077 HIGHWAY A1A
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name: David Clappier
82 Street Address (P.O. Box Number Not Acceptable): 3340 Peachtree Road
83 Suite 1500
84 City: Atlanta, GA
85 Zip Code: 30326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEHARDER, ROBERT	
STREET ADDRESS	1077 HIGHWAY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David B. Allman	
1.3 STREET ADDRESS	3340 Peachtree Road # 1500	
1.4 CITY-ST-ZIP	Atlanta, GA 30326	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Terry J. Woodard	
2.3 STREET ADDRESS	3340 Peachtree Road # 1500	
2.4 CITY-ST-ZIP	Atlanta, GA 30326	
3.1 TITLE	Asst. Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William F. Duffenderfer	
3.3 STREET ADDRESS	3340 Peachtree Road # 1500	
3.4 CITY-ST-ZIP	Atlanta, GA 30326	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William F. Duffenderfer \$1476 404-364-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)